STATEMENT OF

| FORM 1 | ORGANIZ (See instructi | | | 011 |
|--------------------------------|---|--|------------------|---------------------------------|
| NAME OF COMMITTEE (in f | (Check if name | Example: If typying, type over the lines | 12FE4M5 | Office use only |
| COVANTA EN | ERGY CORPORATION POLITICA | AL ACTION COMMITTEE | <u> </u> | |
| | | | | |
| ADDRESS (number and s | street) 40 LANE ROAD | | | |
| (Check if address is changed) | | | | |
| | FAIRFIELD | | NJ L | 07007 |
| | | CITY▲ | STATE▲ | ZIP CODE 🛦 |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e | -mail address) | | |
| (Check if address is changed) | | | | |
| | | | | |
| _ | PAGE ADDRESS (URL) | | | |
| (Check if address is changed) | | | | |
| | | | | |
| 2. DATE 0.4 3. FEC IDENTIFICA | 20 2009 | C C00142158 | | |
| 4. IS THIS STATEM | ENT X NEW (N) OR | AMENDED (A | N) | |
| I certify that I have examin | ned this Statement and to the best of my kn | owledge and belief it is true, corr | ect and complete | |
| Type or Print Name of | Treasurer Joanne Pagliuc | a | | |
| Signature of Treasurer | Electronically Filed by Joanne F | Pagliuca | Date 0 4 | / 20 / Y Y Y O 9 |
| NOTE: Submission of fal | se, erroneous, or incomplete information ma | ay subject the person signing this | | |
| Office Use Only | | For further informa Federal Election Col Toll Free 800-424-9 | mmission 530 | FEC FORM 1 (Revised 02/2009) |